

Coveleaf Limited

Abbey Grove Residential Home

Inspection report

2-4 Abbey Grove
Eccles
Salford
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Date of inspection visit: 18 and 21 August 2015
Date of publication: 08/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an unannounced inspection carried out on the 18 and 21 August 2015.

Abbey Grove is a care home providing accommodation for 19 people. The home is a detached property, situated in a residential area of Eccles. It has small, enclosed grounds, with parking facilities and a ramped patio area. Accommodation for residents is provided on the ground and first floor. A passenger lift provides access to all

floors. The home offers accommodation in 13 single bedrooms and three double rooms. There are communal spaces comprising of two lounge areas and a dining room.

At the time of our visit, the new manager was in the process of registering with the Care Quality Commission as the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection carried out on the 26 November 2014, we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As part of this inspection, we checked to see what improvements had been made to meet the legal requirements of the regulations.

People who used the service and visiting relatives told us they believed they or their loved ones were safe living at Abbey Grove Residential Home. One person who used the service told us; "It's just something about here makes me feel safe." Another person who used the service said "There is nothing to be afraid of, staff are good."

During our last inspection, we found people who used services and others were not protected against the risks associated with appropriate standards of cleanliness and hygiene. We found the provider had made improvements and was now meeting the requirements of regulations in relation to infection prevention and control. We found that the laundry area in the basement of the building had been completely refurbished and modernised. The area was clean, orderly, well lit and safe for staff to use whilst undertaking laundry duties. We found communal areas and private bedrooms were clean and free of any unpleasant odours.

At our last inspection we found that the registered person had not protected people from the risks associated with the safe administration of medication. We found that the service was now safe, because people were protected against the risks associated with use and management of medicines. People received their medicines at the times they needed them and in a safe way.

We checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. Safeguarding posters were on display in the home with detachable telephone numbers, which people could tear off and use to report concerns directly to the local authority.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's

needs and keep them safe. The manager told us that the service did not use a dependency tool to determine staffing requirements and the current staffing levels were determined by the provider. A number of staff raised concerns about staffing levels during the night and felt additional staff were required. One member of staff told us; "I do think there is not enough staff on at night, especially with the issues of people wandering around. One resident is constantly calling for assistance and staff have other duties like cleaning and laundry."

Staff told us they received regular supervision and training to enable them to carry out their duties effectively. One member of staff told us; "Things are much better, better organised. Training has improved and is much better." Another member of staff said "Big changes since the new manager, staff get on better and they know exactly what to do, better guidance and a lot more training. It is a much better place to work."

Throughout our inspection, we observed staff seeking consent from people before undertaking any tasks. This included when supporting people to mobilise or when eating. We found that before any care and support was provided, the service had obtained written consent from the person or their representative, which we verified by looking at care plans.

Abbey Grove Residential Home is an older building, providing accommodation over two floors. People who used the service were able to wander about the corridors and communal areas. Though we saw some evidence of signage features that would help to orientate people living with varying degrees of dementia, this was limited.

We have made a recommendation about environments used by people with dementia.

We looked at a sample of seven care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk assessment had been undertaken by the service.

Both people who used the service and relatives we spoke with consistently told us that staff were kind and caring. One person who used the service told us; "They are very kind here." Another person who used the service said "Staff are nice, they listen to you."

Summary of findings

During our last inspection, we witnessed examples where people's privacy and dignity was not always respected. As part of this inspection, we found the provider was now meeting the requirements of regulations in relation to dignity and respect. We saw people being treated with kindness and respect and when support was provided, such as supporting people eating their lunch time meal, this was done with sensitivity and compassion.

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved when reviews of care had taken place.

People told us that the service had improved and was responsive to their needs. One relative told us; "I think things have improved, if you raise anything they respond straight away." Another relative said "We are so relieved she is here and she looks a lot better for being here." One member of staff told us; "It's much better now with the new manager. Things are much better for residents, more activities and we take better care of them."

During our last inspection, we identified poor record keeping within care files. We found the provider was now meeting the requirements of regulations in relation to accurate record keeping. We looked at a sample of seven care files of people who used the service. These were all found to be of a good standard in terms of presentation. They were sequential and easy to follow. Care plans were comprehensive and person centred.

During our inspection, we checked to see how people were supported with interests and social activities. We saw that people were involved in group activities like cake making and other games that took place during our visit. There was an activities calendar on display in the reception area listing activities for each day of the week.

We found the service did listen to people's concerns and experiences about the service. The provider had effective

systems in place to record, respond to and investigate any complaints made about the service. The new manager had sought feedback from people who used the service, families and professionals visiting the home by means of a questionnaire. The results of which were subsequently analysed and displayed in the entrance hallway.

All of the staff we spoke with told us that the new manager had made many changes to the running of the home since their arrival. Staff told us they believed there was an open and transparent culture within the home and would have no hesitation in approaching the manager about any concerns. Comments from staff included; "Everyone gets on with the manager, you can talk to her." "The new manager is amazing, things are completely different and better." "I can always ask for help, she is very helpful. The atmosphere is so much better."

During our last inspection we identified concerns regarding the effectiveness of quality assurance auditing undertaken by the service. During this inspection, we found the provider was now meeting the requirements of regulations. The service undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards. These included audits of medication, care plan, falls, hospital admissions and discharge, staff supervision and staff files.

We found that accident and incidents were correctly recorded with corresponding entries made in individual care files detailing any action taken. They were analysed, which enabled the manager to look for any re-occurring themes, which may have been and to stop them from happening again.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed by the manager since their appointment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service was safe. People who used the service and visiting relatives told us they believed they or their loved ones were safe living at Abbey Grove Residential Home.

People were protected against the risks associated with the use and management of medicines. People received their medicines at the times they needed them and in a safe way.

The manager told us that the service did not use a dependency tool to determine staffing requirements and the current staffing levels were determined by the provider. A number of staff raised concerns about staffing levels during the night and felt additional staff were required.

Requires improvement



Is the service effective?

Not all aspects of the service were effective. Staff told us they received regular supervision and training to enable them to carry out their duties effectively.

We have made a recommendation about environments used by people with dementia.

We looked at a sample of seven care files and found that individual nutritional needs were assessed and planned for by the home.

Requires improvement



Is the service caring?

The service was caring. Both people who used the service and relatives we spoke with consistently told us that staff were kind and caring.

We saw people being treated with kindness and respect and when support was provided, such as supporting people eating their lunch time meal, this was done with sensitivity and compassion.

People and relatives told us they were involved in making decisions about their care and were listened to by the service.

Good



Is the service responsive?

The service was responsive. We looked at a sample of seven care files of people who used the service. These were all found to be of a good standard in terms of presentation.

We saw that people were involved in group activities like cake making and other games that took place during our visit. There was an activities calendar on display in the reception area listing activities for each day of the week.

Good



Summary of findings

The new manager had sought feed-back from people who used the service, families and professionals visiting the home by means of a questionnaire. The results of which were subsequently analysed and displayed in the entrance hallway.

Is the service well-led?

The service was well-led. All of the staff we spoke with told us that the new manager had made many changes to the running of the home since their arrival. Staff told us they believed there was an open and transparent culture within the home.

The service undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards. These included audits of medication, care plan, falls, hospital admissions and discharge, staff supervision and staff files.

We found that accident and incidents were correctly recorded with corresponding entries made in individual care files detailing any action taken.

Good



Abbey Grove Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 21 August 2015 and was unannounced. The inspection was carried out by one adult social care inspector and a pharmacist inspector. The inspection team also included an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed all the information we held about the home, including statutory notifications and safeguarding referrals.

We also liaised with external professionals including the local authority and infection control teams. We reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 18 people who were living at the home. We spoke with 12 people who lived at the home, five visiting relatives and one visiting health care professional. We also spoke with six members of staff that included the manager, the deputy manager, the cook and three members of care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and laundry rooms. We looked at people's care records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Is the service safe?

Our findings

People who used the service and visiting relatives told us they believed they or their loved ones were safe living at Abbey Grove Residential Home. One person who used the service told us; “It’s just something about here makes me feel safe.” Another person who used the service said “There is nothing to be afraid of, staff are good.” One visiting relative told us; “The carers are fantastic, they are nice and wonderful. I feel my mother is safe.” Other comments from people and relatives included; “I feel safe because people are nearby.” “It’s very good here and I feel safe.” “We feel happy she is in a safe and secure environment.”

During our last inspection, we found people who used services and others were not protected against the risks associated with appropriate standards of cleanliness and hygiene. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. As part of this inspection we checked to see whether improvements had been made. We found the provider had made improvements and was now meeting the requirements of regulations in relation to infection prevention and control.

We found that the laundry area in the basement of the building had been completely refurbished and modernised. The area was clean, orderly, well lit and safe for staff to use whilst undertaking laundry duties. We found communal areas and private bedrooms were clean and free of any unpleasant odours. We found that liquid soap was available together with paper hand towels in each bedroom as well as communal bathroom and toilet areas. The kitchen area was clean and well presented. We observed staff wearing aprons and gloves appropriately when providing personal care or supporting people with their meals. The manager informed us that the service had been working very closely with the local infection control team in order to meet standards, which we were able to verify by speaking to members of the local authority infection control team.

At our last inspection we found that the registered person had not protected people from the risks associated with the safe administration of medication. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds

to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We found that the service was now safe because people were protected against the risks associated with use and management of medicines. People received their medicines at the times they needed them and in a safe way.

We looked at the medicines, medication administration records (MARs) and other records for 13 people living in the home. We spoke with the manager and deputy manager about the safe management of medicines, including creams and nutritional supplements within the home. Medicines were stored safely and securely. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines. Most medication records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. We found minor discrepancies in three people’s records; however the management team assured us that these concerns would be addressed straight away.

We saw that only trained, senior care staff supported people living in the home to take their medicines. Medicines were given in ways that maintained people’s individual needs and preferences as much as possible. Care staff had clear guidance available to follow to ensure people were given their medicines consistently and correctly. Instructions for the use of creams were also clear and detailed and there was a system in place to ensure that products had been used as prescribed in order to protect people’s skin.

Regular audits were carried out to determine how well the service managed medicines. We saw evidence that where concerns or discrepancies had been highlighted, the manager had taken appropriate action straightaway in order to address those concerns and further improve the way medicines were managed within the home.

We checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service’s safeguarding adult’s policy and procedure, which described the procedure staff could follow if they suspected abuse had taken place.

Is the service safe?

Safeguarding posters were on display in the home with detachable telephone numbers, which people could tear off and use to report concerns directly to the local authority.

Staff that we spoke with were all able to confidently explain to us the principles of safeguarding and what action they would take if they had any concerns. We found that all staff had received training in safeguarding vulnerable adults, which we verified by looking at training records. One member of care staff told us; “I have been involved in a safeguarding enquiry. If I suspected any abuse was taking place I would inform management. If I thought it was one of the managers, I would go to the proprietor, police, CQC or social services.”

We reviewed a sample of five recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification such as driving licenses, passports and birth certificates. In records of recently recruited staff we found interview records had been retained. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before staff commenced employment with the service. By undertaking these checks, the service had demonstrated that staff employed were suitable to work with vulnerable adults. This demonstrated people were protected against the risks of abuse because the service had robust recruitment procedures in place.

We looked at a sample of seven care files to understand how the service managed risk. We found the service undertook a range of risk assessments to ensure people remained safe. They included personal emergency evacuation plans in the event of an emergency, mental health assessments, nutritional and diet, mobility and moving and handling. We found that risk assessments provided detailed guidance to staff as to what action to take to ensure people remained safe. Regular review of risk assessments were undertaken.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people’s needs and keep them safe. We looked at staffing rotas and spoke to the manager, about how staffing numbers were determined. The manager told us that two care staff worked nights, which was between the hours of 8pm and 8am. During the day, there were three care staff on duty as well as the manager, the cook and cleaning staff. The manager told us that the service did not use a dependency tool to determine staffing requirements and the current staffing levels were determined by the provider.

A relative of a person who used the service told us; “Staff do their best, but more staff are needed.” Another relative said “Not my impression that there is a shortage of staff, they are always quick to see to people.”

A number of staff raised concerns about staffing levels during the night and felt additional staff were required. One member of staff told us; “I do think there is not enough staff on at night, especially with the issues of people wandering around. One resident is constantly calling for assistance and staff have other duties like cleaning and laundry.” Another member of staff said “At night time I think it should be three as it is really busy. People are not at risk, but we could do with more.” Other comments included; “I think night staffing numbers at night should be increased to three to ensure the safety of residents, as working on two floors and we have a number of residents who wander at nights.” “Care staff have to do other things like laundry during the day and night, which takes staff away from the floors and numbers are therefore reduced because of those commitments.” “Extra staff would mean being able to provide better care without rushing.”

We spoke with manager about these concerns. They told us that they were currently reviewing staffing levels and intended to introduce a dependency tool to assist in accurately determining the correct numbers of staff, in addition to raising these concerns with the provider.

Is the service effective?

Our findings

As part of this inspection we looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. Staff told us they received regular supervision and training to enable them to carry out their duties effectively. One member of staff told us; “Things are much better, better organised. Training has improved and is much better.” Another member of staff said “Big changes since the new manager, staff get on better and they know exactly what to do, better guidance and a lot more training. It is a much better place to work.” Other comments from staff included; “We have had a lot of training. I have done my National Vocational Qualification (NVQ) and completed my care certificate.”

We found new staff underwent a comprehensive induction programme, which involved completing a 13 week care certificate programme and working alongside experienced staff. During this induction process, staff received supervision and regular spot checks and observations of their competency to deliver care. The manager told us that all staff were now required to complete annual mandatory training in order to achieve 13 care certificates, which included fire safety, medication, dementia and awareness, Mental Capacity Act, safeguarding adults, first aid, and infection control. We were able to verify this by looking at staff training records. We also looked at mapping tool introduced by the manager to identify the training requirements of all staff.

The manager had staged a ‘presentation evening’ for staff following completion of their training. This involved people who used the service, who presented staff with their training certificates and a voucher as a means of acknowledging their achievements. The event involved a buffet and family members were also invited to attend.

We found that staff received regular supervision, which was managed by way of a supervision matrix. We also looked at supervision records. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. One member of staff told us; “I get supervision every three months.” Another member of staff said “I have supervision every three months. We also have observations and checks. I think it is a good idea as we are made to feel

confident in what we are doing.” Other comments included; “The deputy manager will watch us when moving and handling residents, when dealing with food and infection control. It makes sure staff are doing things properly.”

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005(MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw there were procedures in place to guide staff on when a DoLS application should be made.

The manager was able to demonstrate that the service had submitted a number of applications and maintained a matrix of application submitted, which we looked at. Both from speaking to staff and looking at training records, we found that staff had received training in MCA and were able to explain the principals of the legislation. We saw evidence of mental capacity assessments and best interest meetings within care files, which involved social services, GPs and next of kin.

Throughout our inspection, we observed staff seeking consent from people before undertaking any tasks. This included when supporting people to mobilise or when eating. We found that before any care and support was provided, the service had obtained written consent from the person or their representative, which we verified by looking at care plans.

Abbey Grove Residential Home is an older building, providing accommodation over two floors. People who used the service were able to wander about the corridors and communal areas. Though we saw some evidence of signage features that would help to orientate people living with varying degrees of dementia, this was limited. One relative we spoke to said “I call the big lounge the waiting to die room, it’s dark dingy and depressive. When I visit I take my relative to the small lounge or to their bedroom.”

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more ‘dementia friendly’.

During our inspection we checked to see how people’s nutritional needs were met. As part of the inspection we used the Short Observational Framework for Inspection (SOFI) during lunch. The lunch time experience for people was relaxed and not rushed. People were offered a choice

Is the service effective?

of meals and deserts together with hot and cold drinks. People was constantly asked whether they wanted additional helpings of food. A choice of chicken nuggets or cheese pie was served for lunch and we noticed a number of residents had difficulty cutting and eating the nuggets and pie crust. On the whole, people told us they were happy with the food provided. We spoke to the cook who told us; "The food is good quality and people have two choices every day. Cooked breakfasts are available if people want it and in the evening sandwiches, cakes and fruit salads are available."

Comments from people who used the service included; "Food is lovely, very satisfied and so is my family." "You can have more food if you want. In the evenings I get egg on toast or beans, which I like." "We have chicken or beef, what I used to have at home." "Of course it was nice, I have never complained yet." "The menu comes around and you have a choice." "The food does not bother me, eat what is given." "The food is ok, no issues with it." "Food is always lovely."

We looked at a sample of seven care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk assessment had been undertaken by the service. Where required people had been referred to dietician services and people's intake of food and hydration was monitored and recorded. In four care files we looked at, where frequency of weighing people had been stipulated in the support plan, we found weight monitoring was inconsistent with the instructions provided. We spoke to the manager about this concern, who reassured us that steps would be taken to ensure that people were weighed in line with instructions in care files.

We saw that people were provided with access to relevant health professionals as and when required. These included, district nurses, GPs and other health care professionals. People told us that if they felt unwell, staff would either ring the doctor or whoever else was required to meet their needs. One relative told us; "We are always informed of any changes to my relative's condition."

Is the service caring?

Our findings

Both people who used the service and relatives we spoke with consistently told us that staff were kind and caring. One person who used the service told us; “They are very kind here.” Another person who used the service said “Staff are nice, they listen to you.” Other comments included; “I am quite happy here, the staff are alright and I get on with them.” “I can’t complain about the staff they try their best.” “When my mother came here, she was not very well and was confused. Since coming here, she has put on weight, looks cared for and is much more lucid and seems happy.” “We are really please. She has been in several homes, but in here she is really happy.” “It’s clean and the staff are lovely.” We saw that people who used the service were nicely groomed and presentable. Staff were polite and patient and referred to people by their preferred name.

During our last inspection, we witnessed examples where people’s privacy and dignity was not always respected. That was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to dignity and respect. As part of this inspection, we found the provider was now meeting the requirements of regulations in relation to dignity and respect.

We saw people being treated with kindness and respect and when support was provided, such as supporting people eating their lunch time meal, this was done with sensitivity and compassion. Staff appeared to know people well and there was a friendly atmosphere between staff and people living at the home. We observed laughing and joking between staff and people during a cake making session that took place during our visit. It was apparent the

people involved in making cakes with staff were having a good time and really enjoying themselves. We saw people being transferred from wheelchairs and onto chairs in a correct and professional manner.

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved when reviews of care had taken place. One relative told us; “I’m involved in the needs of my relative and kept informed at all times.” One member of staff told us; “We have a care plan review every three months, which involves the family, or next of kin. If no families involved we involve independent assessors who support people.”

We saw people’s independence was promoted by staff where possible. For example, where some people needed support to eat, staff cut their food up and allowed them to attempt to eat themselves before providing further assistance. One member of staff told us; “I always encourage them to be independent and get them to wash themselves as much as possible and help where I need to, respecting their wishes all of the time.” In promoting people’s privacy and dignity one member of staff said “It’s about making sure people are covered up, doors and windows are closed.” Another member of staff said “I always knock on people’s doors and make sure they are covered up when providing personal care.”

We spoke with the deputy manager about respecting people’s choices. They told us that staff always respected people’s choices and what they wanted to do. For example, they told us that one person got up and went to the toilet this morning and then said they wanted to go back to bed. That person subsequently buzzed later in the morning and told staff he was now ready to get up.

Is the service responsive?

Our findings

People told us that the service had improved and was responsive to their needs. One relative told us; “I think things have improved, if you raise anything they respond straight away.” Another relative said “We are so relieved she is here and she looks a lot better for being here.” One member of staff told us; “It’s much better now with the new manager. Things are much better for residents, more activities and we take better care of them.” One visiting health care professional told us that they were happy with what they had seen, they had visited one resident today and found staff helpful and supportive. They had no concerns about the service.

During our last inspection, we identified poor record keeping within care files. This was a breach of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. As part of this inspection, we found the provider was now meeting the requirements of regulations in relation to accurate record keeping.

We looked at a sample of seven care files of people who used the service. These were all found to be of a good standard in terms of presentation. They were sequential and easy to follow. Care plans were comprehensive and person centred. All care plans provided clear instructions to staff of the level of care and support required for each person. This included information on people’s background, likes and dislikes.

Care plans provided ‘tips’ on how to talk to individuals, how to be responsive to their individual personalities, such as what could upset them. Care plans also provided clear instructions on a number of areas including medication, personal care, continence needs, skin integrity, spirituality and sensory impairment and were subject of regular reviews by the service. Staff told us they found the support plans to be informative and were involved in updating the documents in line with any changing needs of people.

During our inspection, we checked to see how people were supported with interests and social activities. We saw that

people were involved in group activities like cake making and other games that took place during our visit. There was an activities calendar on display in the reception area listing activities for each day of the week.

The new manager told us that they had set up a ‘Residents’ Fund’, where events likely weekly bonus balls for people who used the service and relatives was used as a means of raising money. In addition, the service held raffles and tombola’s, garden parties and strictly come dancing competitions as a means of raising monies for the ‘residents fund,’ so that they were able to provide entertainment and days out at no additional cost to the residents. We were told that the provider also contributed to the residents’ fund.

We looked at photographs of events that had taken place, which included entertainers attending the home, birthday parties for people who used the service and annual party events like Easter and Christmas. Comments from people who used the service and relatives was mixed in respect of individual stimulation. One person who used the service said “I look at TV all day long, there is nothing else to do.” Another person who used the service told us; “I can sit out in the garden when the weather is nice.” Comments from relatives included; “They have a lot of activities on, I’ve been here when they had a singer, all were involved.” “Since moving here she has put on weight, but I do like it here. The down side is lack of activities.” “All seem to sit in the big room watching TV.”

We found the service did listen to people’s concerns and experiences about the service. The provider had effective systems in place to record, respond to and investigate any complaints made about the service.

The new manager had sought feed-back from people who used the service, families and professionals visiting the home by means of a questionnaire. The results of which were subsequently analysed and displayed in the entrance hallway. For example, feed-back was provided by the service on a number of areas highlighted in the questionnaire, which included quality of care, professionalism, cleanliness and hygiene and activities. We also looked at minutes from a residents and relatives meeting, following the arrival of the new manager, where plans for the future of the home were discussed. The manager stated that it was their intention to hold residents

Is the service responsive?

and relatives meetings twice a year in an effort to encourage feed-back from people who used the service. This would in turn inform where improvements to service could be made.

Is the service well-led?

Our findings

All of the staff we spoke with told us that the new manager had made many changes to the running of the home since their arrival. Staff told us they believed there was an open and transparent culture within the home and would have no hesitation in approaching the manager about any concerns. Comments from staff included; “Everyone gets on with the manager, you can talk to her.” “The new manager is amazing, things are completely different and better.” “I can always ask for help, she is very helpful. The atmosphere is so much better.” “The manager is very approachable and does listen.” “Things have improved and there are now systems in place. The new manager is approachable, any problems no hesitation in speaking to her.” “Paperwork has improved, staff are more knowledgeable. Residents seem happier, more involved more activities and entertainment and at the end of the day it is all about them.” “Staff are more knowledgeable and confident.”

At the time of our visit, the new manager was in the process of registering with the Care Quality Commission as the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our last inspection we identified concerns regarding the effectiveness of quality assurance auditing undertaken by the service. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. During this inspection, we found the provider was now meeting the requirements of regulations.

The service undertook a range of audits of the service to ensure different aspects of the service were meeting the

required standards. These included audits of medication, care plan, falls, hospital admissions and discharge, staff supervision and staff files. We looked at infection control audits that had been undertaken by the service. Additionally, regular testing of fire safety equipment and alarms was undertaken together with fire drills. We looked at a falls assessment and the action taken to reduce repeat incidents. Regular checks of the First Aid Kit had taken place. Regular review of care plans and risk assessment were also undertaken.

Following our last inspection, where several breaches of regulation were identified, we looked at progress reports made by the service to address the concerns raised. These had shared with both staff and families of people who used the service to monitor improvements to services.

We looked at a variety of minutes from staff meetings that had taken place. Issues addressed included medication, supervision, communication and care plans.

We found that accident and incidents were correctly recorded with corresponding entries made in individual care files detailing any action taken. They were analysed, which enabled the manager to look for any re-occurring themes and to stop them from happening again.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed by the manager since their appointment. This meant changes in current practices were reflected in the home’s policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. During our inspection we identified several matters that had not been reported to us by means of formal notifications. We are dealing with this matter outside of the inspection process.